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Programme Committee
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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Senegal

The Executive Director recommends that the Executive Board approve the programme of Senegal for the period 1992-1996 in the amount of $8,800,000 from general resources, subject to the availability of funds, and $22,564,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Since becoming independent in 1960, Senegal has had a democratic and politically stable system, a context conducive to economic and social development. The eighth in a series of development plans is currently being executed. The principal sources of foreign currency earnings are groundnuts, tourism, fishing and phosphates. The world groundnut price has been falling steadily, tourism has been adversely affected by the high cost of services and the separatist movement in Casamance, the fish-farming industry lacks basic facilities and the price and exports of phosphates are declining. Between 1980 and 1989, the rate of growth of the gross domestic product (GDP), at 2.2 per cent, was less than the population growth rate (2.9 per cent). Indebtedness decreased from $3.6 billion in 1988 to $3.1 billion in 1991 as a result of alleviation measures by the creditor countries. It represented 73.5 per cent of GDP in 1988/89 and debt servicing represented 26 per cent of export earnings.

2. Four structural adjustment programmes have been adopted since 1979. As a result, public spending on social development has declined (CFAF 653 per capita on health and CFAF 2,268 per capita on education in 1978/79, compared with CFAF 427 and CFAF 1,841 in 1988/89). A major human resources development project (HRDP1) for population and health (funded mainly by the World Bank) provides for a series of increases in the health budget, taking it up to 7 per cent of the State budget in 1995 (4.8 per cent in 1988/89).

3. Despite considerable foreign assistance (15 per cent of GDP in 1988), high population growth, insufficient economic growth and the debt and debt servicing have created a difficult situation. The cost of living is estimated at $36 per week, while the guaranteed minimum wage is $27 per week. Faced with these difficulties, vulnerable groups resort to survival strategies which consist in developing the informal sector (self-help food production), selling possessions, changing buying habits (borrowing), reducing the number of meals and the quantity of food taken, begging and spending less on health.

4. Unemployment and underemployment are growing problems. It was estimated in 1986 that wage-earners constituted 20.3 per cent of the working population, the informal sector 61.7 per cent and the urban unemployed 18 per cent. In 1991 unemployment reportedly reached 23.5 per cent. It should be noted, however, that the definition of unemployment in countries like Senegal is complex inasmuch as a large proportion of the population is only precariously or very partially employed.

5. Senegalese women play a role at nearly all levels of the national economy, especially in the informal sector (which is 60 per cent female). In disadvantaged groups, they act as breadwinner for the entire family. Frequently the first victims of the economic crisis and adjustment, they continue to be denied access to credit facilities. Despite legal provisions according them the same rights as men, they are still handicapped by traditional sociocultural attitudes. Among the most serious problems affecting them are lack of information and illiteracy (82 per cent).

6. In 1988, the overall population, estimated at 7.5 million, was 52 per cent female and 39 per cent urban. Young people under the age of 20 years constituted 58 per cent of the population, those in the 5-to-14 age group 28 per cent and those under 4 years 19 per cent. In 1986, the infant mortality rate was 86 per 1,000 live births (120 in 1975) and that of children under the age of five years 191 per 1,000 live births (287 in 1975). The limited data available show that malaria is, by a large margin, the prime cause of child mortality, followed by diarrhoeal diseases and acute respiratory infections (ARIs). With regard to nutrition, Senegalese children under the age of five years show signs of retardation in terms of height and weight. It is estimated that 21.4 per cent of that age group suffer from severe or moderate malnutrition (25 per cent in rural areas, as against 15.2 per cent in urban areas). In addition, the maternal mortality rate (850 per 100,000 live births) is particularly high.

7. Acquired immune deficiency syndrome (AIDS) is spreading rapidly: 149 reported cases in 1988, 269 in 1989 and 307 in 1990. Two types of virus have been identified: human immunodeficiency virus 1 (HIV1) (65 per cent of cases) and HIV2 (30 per cent of cases). Although a national committee to combat AIDS has been set up, a great deal of informational work remains to be done, since the population is largely unaware of the gravity of the problem.

8. The Government accords priority to the water, sanitation and hygiene sector. In spite of its efforts, technical, socio-cultural, institutional and financial constraints persist. In urban areas, 30 per cent of households have a house connection for water, 35 per cent use public stand posts and 35 per cent use other water sources that are frequently polluted. In rural areas, only 26 per cent of households have access to clean water and the remaining 74 per cent obtain their water supply from sources that are frequently polluted. Consumption in rural areas increased from 7 litres per inhabitant per day in 1981 to 23 litres in 1991 (the World Health Organization (WHO) advocates 35 litres).

9. The primary education enrolment rate rose from 27 per cent in 1960 to 57.9 per cent in 1989/90 (67.6 per cent for boys and 48.3 per cent for girls). In addition to drop-out and repetition problems, budgetary constraints affect teacher recruitment and have an adverse impact on education, accentuating the decline in primary school enrolment. A reluctance on the part of parents to send their children to school (especially girls) is compounded by the inadequacy of basic educational facilities. Schools are sometimes viewed as having a harmful influence and as being irrelevant to the child's future in rural and peripheral urban areas. The Government assigns high priority to literacy instruction and the teaching of national languages. A Deputy Minister was specially appointed in April 1991 to be responsible for these two areas.

10. The Government pursues a decentralization policy on behalf of local communities through their local elected representatives. Community participation is therefore steadily increasing. However, the success of this decentralization effort is impeded in particular by the high illiteracy rate and inefficient management.

11. The circumstances of many children, especially boys, are particularly difficult: working children; street children; talabah (Koranic students), who depend on begging to survive; and children caught up in armed conflict. Despite the lack of statistics, it is estimated that the talabah constitute the largest of these categories. They live in extremely precarious circumstances, receiving only minimal education and food and virtually no health care, and often abandoned by their parents who hand them over to marabouts (religious teachers), who compel them to beg.

PROGRAMME COOPERATION, 1987-1991

12. In the past, cooperation was primarily aimed at reducing infant mortality and morbidity rates and at improving child survival and development conditions. The country programme was decentralized and regionalized. Popular participation was an essential condition for its success. A special role was assigned to communication between the community and those responsible for implementing the programme. In particular, cooperation was encouraged with national and international non-governmental organizations (NGOs). The country programme comprised three aspects: a major health component (consisting primarily of the expanded programme on immunization (EPI)); integrated regional projects in the Thiès, Saint Louis, Kolda, Ziguinchor and Tambacounda regions; and a literacy project.

Health

13. The aim was to develop primary health care (PHC), giving priority to the training and upgrading of community health workers. The regional projects produced satisfactory results in the health area. Training was provided for all the nurses in charge of clinics (approximately 800), regional and departmental PHC supervisors (approximately 50), regional and district medical directors (approximately 60) and 850 health workers, traditional birth attendants, management committee members, etc. The supervision of this personnel was improved by substantially strengthening the outlying administrative system.

14. The nationwide EPI was aimed at immunizing all children before 1990 and at ensuring that, in the future, all children between 0 and 12 months would be vaccinated. The Government and UNICEF made vigorous efforts to implement this comprehensive immunization programme. The President of the Republic took a personal interest in the attainment of the objective. In 1989 and 1990, almost all the activities carried out with general resources consisted of efforts to speed up EPI. Thanks to those efforts, the country's health infrastructure is stronger than ever before. Immunization coverage has been significantly improved: from 20 per cent in 1986 to 61 per cent in January 1991 (with all children under 23 months fully immunized). The programme's impact has been positive. For example, cases of measles have dropped from 29,144 (588 deaths) in 1980 to 4,500 (60 deaths) in 1990. The target of 80 per cent coverage, however, has proved too ambitious, owing to the inadequate health infrastructure and outreach programme, major logistical

problems, the responsible attitude displayed by some health workers and the high cost of the operation (capital investment and operating costs, particularly for the purchase of vaccines, primarily Imovax).

15. The programme was designed to support efforts to combat malaria and diarrhoeal diseases. A small-scale campaign to promote oral rehydration therapy led to a slight decrease in diarrhoea-related morbidity and mortality rates, but apart from some chloroquin campaigns, particularly in Casamance, no action has been taken against malaria.

16. By supporting nutrition surveillance and education programmes, it was hoped to reduce malnutrition-related mortality rates by 50 per cent, particularly by carrying out weight checks and promoting the use of growth charts. The acceleration of EPI has, however, significantly reduced support for other health activities, and improvements in nutrition have been limited by the high rate of illiteracy, particularly among women.

Regional projects

17. The regional projects worked to improve child nutrition and health primarily by supporting women's groups. The integrated activities aimed at food production in market garden districts also included labour-saving measures (millet grinding machines, crèches). These activities were welcomed by the population and supported by the Government. It seemed that they would offer a more satisfactory response to the nutritional needs of children and would help increase revenue. However, an assessment conducted at the end of 1990 identified several problems and concluded that the integrated approach was not, apparently, producing the desired results in the area of child nutrition.

18. The village water and agricultural component has reached a 60 per cent implementation rate: of the 500 water-supply systems planned, 300 have been installed with simple pumping technology (wind-powered, animal-powered or hand-operated). Certain difficulties have been encountered, however, such as delays in administrative procedures, the dilapidated state of the equipment, the discovery that the water in a number of projects is unfit for drinking, a lack of drainage and inadequacy of the health education activities.

Education

19. The 1987 operational plans made no provision for an education component. As the illiteracy of women has seriously hampered the attainment of the targets set by those plans, a supplementary funding project in non-formal education for development was approved by the Governing Council in 1989. This aims to provide basic educational materials and methods for the rural areas in the national languages (Wolof and Pulaar) and to train approximately 13,000 villagers. All the teaching materials have been prepared and trials involving certain aspects of them will continue in 1991/92. Approximately 1,000 villagers have received basic education in 58 pilot classes. The supplementary funding, which was received only in early 1991, has made

possible the start of a second phase. This second phase will continue in 1992, providing training for 40 instructors, who will train 480 course conductors, and these, in their turn, will train 9,600 participants.

Advocacy and communication/social mobilization

20. Advocacy, particularly through information and communication, has played an important role. Modern methods (but too few traditional methods) have been used, such as press articles, interviews and reports and radio and television programmes and productions at the national and regional levels. Social mobilization has been aimed primarily at women's groups and youth groups. A strategy has been developed and successfully applied whereby schoolchildren "adopt" other children, in order to ensure that they are vaccinated. Every year, the annual greetings card campaign has been launched by the First Lady. It was in part through these advocacy efforts that Senegal played a major role in the adoption by the United Nations General Assembly of the Convention on the Rights of the Child (ratified in July 1990 by Senegal), and in the holding of the World Summit for Children, which was attended by the President of the Republic. These activities have also contributed to the establishment of a national artists' and intellectuals' committee for child survival and development and to the creation of the national chapter of the Association des professionels africains pour l'enfance.

Planning, monitoring and evaluation

21. A monitoring and evaluation system was supposed to be established for each project and a yearly evaluation should have been made of the entire cooperation programme. These systems have been developed only partially and it has not been possible to make annual evaluations. A mid-term review was held in September 1990 and EPI and the integrated regional projects have been the subject of extensive evaluations.

Emergency assistance

22. Following the conflict with Mauritania in 1989, 150,000 refugees and repatriated nationals received emergency assistance in the form of medical and other supplies, provided by UNICEF in cooperation with the Office of the United Nations High Commissioner for Refugees and the International Committee of the Red Cross.

Lessons learned

23. The mid-term review stressed, inter alia, that programme coordination, at both the central and the local level, was not satisfactory. Better integration of EPI into other health components was recommended, and further decentralization of the health programme was advocated. In view of the absence of a standardized system and coordinated follow-up, the lack of regular follow-up and evaluation activities for regional projects was regretted and the objectives of those projects were considered overly ambitious.

24. Six major evaluations were undertaken: four evaluations of EPI (in 1987, 1989, 1990 and 1991) and two of regional projects (in 1989 and 1990-1991). Their recommendations were incorporated into the new programme. Some details are provided in an annex.

25. In addition to an appreciable increase in immunization coverage, EPI yielded the following positive results: improvement of the entire health structure, greater awareness on the part of decision makers, and a better understanding of the problem on the part of health personnel and population groups. Nevertheless, the predominance of EPI in the cooperation programme, which even impeded the carrying out of some activities, made a balanced, diversified and multidisciplinary programme impossible.

26. The execution of the country programme, which was scaled down with regard to EPI and regional projects (as well as the non-formal education project), proved to be unsatisfactory because it did not allow for much coherence.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

General resources: $8,800,000
Supplementary funds: $22,564,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	2 660	8 485	11 145
Water supply and sanitation	1 710	6 000	7 710
Education	1 510	4 880	6 390
Children in difficult circumstances	910	2 100	3 010
Advocacy	410	100	510
Planning, follow-up and evaluation	600	999	1 599
Programme support	1 000	-	1 000
Total	8 800	22 564	31 364

(Footnotes on following page)

(Footnotes to table)

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a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Purposes and objectives of the country programme

27. The country programme is based on the Government's priorities, including the objectives laid down by the World Summit for Children. It is in keeping with the national programme of action for children, which has already been prepared but has not yet been officially adopted. The purpose of the country programme is to help ensure the survival, protection and development of children and women and to improve their living conditions and welfare. The main objectives are to: (a) help reduce by a third the infant, infant-child and maternal mortality rates and lower by 10 per cent the child malnutrition rate; (b) improve access to drinking water and to sanitation services, eliminate dracunculiasis and lower the incidence of water-borne diseases; (c) help improve basic education by increasing the overall school-attendance rate to 75 per cent and the female literacy rate to 60 per cent by the year 2000; (d) improve the protection of children (particularly those in difficult circumstances). These objectives will be achieved through a number of activities which will help, inter alia, attain the objectives and implement the policies and programmes recommended by the World Summit, particularly in the allocation of resources; (e) improve planning, follow-up and evaluation; and (f) enhance the awareness of population groups and decision makers with regard to the survival, development and protection of children and women.

Country programme strategies

28. Focusing on the objectives, policies and actions defined by the World Summit, the strategies will mainly be to: (a) strengthen national capacities, including the planning, execution, management, follow-up and evaluation of social services; (b) promote and improve community participation, particularly with regard to planning, financing, management and follow-up; (c) maximize decentralization by ensuring a better balance between the central, intermediate and peripheral levels; and (d) provide permanent services for children.

Health and nutrition

29. The programme's objectives will be to reduce morbidity and mortality rates due to the EPI target diseases and other pathological diseases contributing to infant, infant-child and maternal mortality, and lower the number of malnutrition cases. The strategic options are the decentralization, integration, sustainability, and consolidation of EPI achievements; community participation (within the framework of the Bamako Initiative); and strengthening of national health capacities. Each one supports the national health strategy.

30. The programme will consist of two projects. The first, devoted to EPI and based on experience acquired and progress achieved, will cover the entire territory (except in the areas where the Bamako Initiative will be implemented under the second project), will aim to increase the immunization coverage rate from 60 per cent to 80 per cent, and will reach on a yearly basis all children from 0 to 11 months (200,000) and all women between 15 and 44 years of age

(1,500,000). It will also seek to improve the accessibility and use of services through training, the supply of equipment, logistics etc. The second project will be designed to strengthen PHC (incorporating EPI) by implementing the Bamako Initiative (which would already have begun in 1991) in 11 health districts in the regions of Saint Louis, Tambacounda, Kolda and Zinguinchor (with a population of 1,830,000 persons, or 24 per cent of the total population). The project will help promote action to combat ARIs, malaria, diarrhoeal diseases, malnutrition and AIDS. This will be done at both the national and the local level in 11 target districts under the Bamako Initiative. The project will, inter alia, set up a co-financing system for health services and management, strengthen health structures, develop human resources, increase community participation and provide logistic support.

Water supply and sanitation

31. The programme will assist in reducing the incidence of water-borne diseases, use simple and low-cost technologies and help improve access to water, sanitation and hygiene and protect the environment. It will comprise two projects, the first of which will aim, in rural areas in three regions, to increase the rate of supplying drinking water from 10 per cent to 25 per cent by equipping 520 villages and install 5,210 liquid- and solid-waste disposal systems (serving 150,000 persons); and to eliminate dracunculiasis and improve the personal hygiene of 250,000 persons (30 per cent of the population in the targeted area). The activities will include the following tasks: creating and equipping water points; management and maintenance of facilities; improvement of water quality; latrine construction; and information, education and communication. The second project will seek to improve, in six urban centres, the sanitation and hygiene conditions of 100,000 persons, of whom 55,000 will also benefit from improved water supply. Its activities will focus on the construction and renovation of drinking-water facilities; the setting up of human-waste disposal systems and household refuse collection and storage systems; and social mobilization.

Education

32. The programme will focus on reforming old educational models and developing new methods as a way of achieving the goal of basic education for all. The programme will comprise two projects: (a) a support project for the new school system that will aim at overhauling school programmes and practices in order to arrive at a new concept of community schooling by setting up 100 pilot schools (5 per cent of all schools), covering 30,000 children between the ages of 7 and 12; and (b) a non-formal education project that will continue to develop basic educational programmes in national languages as a means of reducing illiteracy in rural areas (especially among women and young people) and better preparing the people for self-development, through the training of 260 trainers and 6,100 village facilitators, the aim being to educate approximately 115,000 people (2.5 per cent of the illiterates).

Children in particularly difficult circumstances

33. The first of its kind in Senegal, this programme will seek to improve the living conditions and instruction of 5,000 talabah in urban areas and 15,000 others in rural areas, and to obtain more data on children in difficult circumstances in general. It will consist of two projects, the objective of the first being to restore children's basic rights and to combat illiteracy among them. In the short term, it will try to improve the health, nutritional, housing and educational conditions of the talabah; and in the long term, it will help increase self-financing for the daaras (Koranic schools), change the attitudes of the marabouts and the parents, stem the rural exodus of the marabouts and keep children with their families. The second project will try to fill in information gaps, by conducting basic studies on target groups.

Advocacy of the cause of children

34. This programme will endeavour to reinforce the nation's information and communication capacity, through the utilization of modern and traditional media. It should ensure that the policies and programmes recommended by the World Summit are put into effect, especially as regards the allocation of resources; promote better implementation of the Convention on the Rights of the Child; and help make the public and those who take decisions on the rights and needs of children and women better informed and more aware. These goals will be achieved by a series of activities, including seminars/information workshops on the Convention, consciousness-raising in the schools, various media productions and special events.

Planning, follow-up and evaluation

35. This programme is intended to set up systems that will lead to better planning, follow-up and evaluation of programmes for children and women. It will be based on the governmental structures responsible for these activities, and will seek to reinforce them. It will be composed of two projects: the aim of the first will be to promote the social dimension of adjustment and permit a better assessment of the advances made towards the objectives set by the World Summit, while at the same time endeavouring to compensate for shortcomings in the situation of Senegalese women and children. The second project will develop planning, follow-up and evaluation systems in support of sectoral programmes.

Programme support

36. In addition to support for sectoral programmes, provision is being made for general country programme support covering the salaries of the office's operational staff, and the costs of fuel and storage of material and equipment.

Coordination with other partners

37. The country programme has been drawn up with the participation of the UNICEF partners: the sister agencies of the United Nations system and national and international non-governmental organizations. The bilateral donors have been informed of the various aspects of the programme throughout its preparation. The health and education activities come under the human resources development project (HRDP) (supported by the World Bank); and close cooperation will be maintained with the United Nations Population Fund (UNFPA) and the World Bank when putting into effect the population component of the project (especially as regards family planning). There are plans for joint action to reduce maternal mortality by UNICEF, the United Nations Development Programme (UNDP), UNFPA, the World Food Programme (WFP) and the United Nations Development Fund for Women (UNIFEM), through the joint advisory group on programmes. France and the United States Agency for International Development (USAID) intend to support EPI (perhaps through UNICEF in the case of USAID). Cooperation is planned with the World Bank and Switzerland on the planning, follow-up and evaluation programme. The United Nations Educational, Scientific and Cultural Organization (UNESCO) will play a particularly important role in the education programme. UNDP will support the water programme and the programme for children in difficult circumstances. The other sectoral programmes provide for the direct or indirect involvement of UNDP, WHO, UNFPA, WFP, the International Labour Office, UNESCO and the World Bank. National and international non-governmental organizations (the Environment and Development Service for NGOs, the European Centre for International Cooperation (CECI), etc.) will take part in different facets. Bilateral donors (the Canadian International Development Agency (CIDA), etc.) will be some of the main partners for certain activities. The United Nations agencies will participate in the follow-up on the Summit objectives.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Senegal (1990 and earlier years) UNICEF country classification

Under-five mortality rate	185	(1990)	Very high U5MR
Infant mortality rate	84	(1990)	High IMR
GNP per capita	$ 710	(1990)	Lower-middle GNP
Total population	7327.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	190	263	290	328
Infant deaths (under 1)	(thousands)	26	28	27	28
Under-five deaths	(thousands)	45	61	47	61
Under-five mortality rate (per 1,000 live births)		237	232	163	185
Infant mortality rate (under 1) (per 1,000 live births)		138	105	92	84

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1986)	Moderate & severe	..	22a
	Severe	1	6a
Babies with low birth weight (%, 1980/1980-81)		11	11
% of primary school children reaching final grade (1980/1988)		86	85

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987)		94/ 94/ 82	95/ 91/ 86
Prevalence of wasting (%, 1980/1986)		20	8
Prevalence of stunting (%, 1980/1986)		..	28b
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		101	84
Food production per capita index (Index 1979-1981=100, 1980/1990)		86	100
Household expenditure (% of total income, 1980-1985)	All food/cereals		50/ 15

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)			27
Access to health services (% of population, 1980/1985)	Total	..	40
	Urban/rural	../..	../..
Access to safe water (% of population, 1980/1988)	Total	42	47
	Urban/rural	77/ 25	84/ 25
Access to adequate sanitation (% of population, 1980/1985)	Total	36	..
	Urban/rural	100/ 2	87/ ..
Births attended by trained personnel (%, 1978/1986)		50	41
Maternal mortality rate (per 100,000 live births, 1981)		..	600

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	..	32	92
	DPT	..	54	60
	Polio	..	54	66
	Measles	..	40	59
Pregnant women (%) immunized against	Tetanus	..	8	45

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TABLE 1 (continued)

Senegal

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	46/ 37	59/ 50
(%, 1980/1988)	Male	55/ 44	70/ ..
	Female	36/ 30	49/ ..
Secondary enrolment ratio (gross/net)	Total	11/ ..	16/ 12
(%, 1980/1988)	Male	15/ ..	21/ 16
	Female	7/ ..	10/ 8
Adult literacy rate, 15 years & older	Total	12	38
(%, 1970/1990)	Male/female	18/ 5	52/ 25
Radio/television sets (per 1,000 population, 1980/1988)		63/ 1	111/ 34

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	4158.0	5538.0	6375.0	7327.0	9716.0
Population aged 0-15 years	(Thousands)	..	2635.3	3046.7	3494.9	4530.9
Population aged 0-4 years	(Thousands)	..	1022.7	1174.2	1321.8	1713.1
Urban population (% of total)		33	35	36	38	44
Life expectancy at birth	Total	39	44	46	48	52
(years)	Male	38	43	45	47	51
	Female	40	45	47	49	53
Total fertility rate		7.0	6.9	6.6	6.3	5.8
Crude birth rate (per 1,000 population)		49	48	46	45	42
Crude death rate (per 1,000 population)		25	21	19	17	14

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1986)		4	5
Population annual growth rate	Total	2.5	2.8
(%, 1965-1980/1980-1990)	Urban	4.1	3.7

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1990)		-0.5	0.0
Inflation rate (%, 1965-1980/1980-1989)		7	7
Population in absolute poverty (%)	Urban/rural	../..	../ ..
Household income share (%)	Top 20%/bottom 40%	../ ..	../ ..
Government expenditure	Health/education	5/ 23	../ ..
(% of total expenditure, 1980)	Defence	17	..
Household expenditure (% of total income, 1980-1985)	Health/education		2/ 3
Official development assistance:	US$ millions	262	652
(1980/1989)	As % of GNP	11	14
Debt service (% of goods & services exports, 1980/1989)		20	21

a/ Aged 6-36 months. b/ Aged 24-36 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1991

(In thousands of United States dollars)

COUNTRY: SENEGAL
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $7,479,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	3212	1221	123	164	476	368	1591	830	5402	2583	7985
Water supply and sanitation	189	521				93	858	684	1047	1298	2345
Nutrition	36	59					5	22	41	81	122
Education	5	13		13			367	681	372	707	1079
Community organization and development	184	817	50	265	153	91	744	1123	1131	2296	3427
Women-centred programme	116	392		11		52	210	124	326	579	905
Emergency	127							20	127	20	147
Planning and project support	391	39	34		1189	164	883	2	2497	205	2702
Freight	210	80							210	80	290
GRAND TOTAL	4470	3142	207	453	1818	768	4658	3486	11153 a/	7849	19002

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations to fund unfunded supplementary funding and allocations from global funds.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: SENEGAL Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	442	622	532	532	532	2660
	FSF	993	323				1316
	NSF	1769	1790	1849	1731	1346	8485
Water supply and sanitation	GR	342	342	342	342	342	1710
	FSF	256					256
	NSF	692	1254	1414	1460	1180	6000
Education	GR	302	302	302	302	302	1510
	FSF	664					664
	NSF	115	1310	1160	1135	1160	4880
Children in especially difficult circumstances	GR	272	92	182	182	182	910
	NSF		624	646	597	233	2100
Social mobilization and advocacy	GR	82	82	82	82	82	410
	NSF	32	27	36	5		100
Planning and social statistics	GR	120	120	120	120	120	600
	NSF	188	203	204	273	131	999
Programme support	GR	200	200	200	200	200	1000
TOTAL	GR	1760	1760	1760	1760	1760	8800
	FSF	1913	323				2236
	NSF	2796	5208	5309	5201	4050	22564
GRAND TOTAL		6469	7291	7069	6961	5810	33600

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SENEGAL	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	3	807
Local national Professional and General Service established posts	21	1363
Operating costs		1208
Total	24	3378
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	2	445
Supplementary funds	2	445
Local national Professional and General Service project posts		
General resources	1	102
Supplementary funds	4	255
Total	9	1247

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

Annex

List of studies and evaluations

Studies :

1. Conditions de vie des femmes et des enfants dans les milieux défavorisés de Dakar (1987).
2. Enquête hydraulique villageoise (1987).
3. Enquête épidémiologique dans la région de Kolda (1988).
4. Enquête sur les sources d'eau dans 41 écoles du Sénégal (1988).
5. Etude sur la communication sociale (1988).
6. Evolution du statut nutritionnel des enfants 0-5 ans entre 1981-1988 (1989).
7. L'amélioration du bien-être des femmes et des enfants à travers l'appui aux groupements féminins. Analyse des résultats d'une enquête menée au Sénégal en 1989 (1990).
8. Evaluation de la situation nutritionnelle et alimentaire du jeune enfant sénégalais : influence des facteurs socio-économiques et culturels (1990).
9. Rapport synthétique de la situation nutritionnelle et alimentaire du jeune enfant sénégalais : influence des facteurs socio-économiques et culturels (1990).
10. Analyse de la situation des enfants et des femmes au Sénégal (1991).

Evaluations :

1. Evaluation de la phase accélérée du PEV (1987).
2. Evaluation ex-ante sur la condition socio-économique de la femme rurale dans la région de St-Louis (1987).
3. Evaluation ex-ante de la condition socio-économique de la femme dans la région de Kolda (1987).
4. Evaluation du projet d'éducation sanitaire dans le département de Kolda (1988).
5. Evaluation des activités génératrices de revenus des projets régionaux intégrés (1989).
6. Appréciation rapide du PEV (1989).
7. Enquête de couverture vaccinale du PEV (1990).
8. Rapport de mission de pré-évaluation de la mise en oeuvre de l'Initiative de Bamako au Sénégal (1990).
9. Evaluation finale du PEV (1990).
10. L'intégration en faveur des enfants et des femmes, Volumes I et II (1991).
11. Enquête nationale de couverture vaccinale (1991).